

**MOSTARS**  
The Student Assistance Division  
of the Missouri Department of Higher Education

**Bright Flight Scholarship Program**



**MANUAL VERIFICATION**

**INSTRUCTIONS:**

**Section I:** *Some institutions will need to manually transmit renewal scholarship records to MOSTARS because of the Bright Flight renewal application process. Therefore, Section I of this form may be used by institutions to manually transmit eligible renewal Bright Flight records to MOSTARS. If needed, renewal records should only be transmitted manually after the institution has transmitted records through the original renewal application method (MOREnet files, PC diskette or paper roster) that has been established for the institution.*

**Section II:** *In certain circumstances, institutions may need to request additional funds for eligible students after the initial scholarship payment process for each semester. Therefore, Section II of this form may be used by institutions to request additional funds manually for either semester.*

**Section III:** *Section III must be completed by the student financial aid administrator who is completing Section I and/or Section II of this form.*

**SECTION I: VERIFICATION OF RENEWAL STUDENT ELIGIBILITY**

Please provide the following information for each renewal student record that is being transmitted. If additional space is needed, please use a second verification form.

Social Security Number	Complete Name of Student
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Total number of eligible renewal student records transmitted on this form:

**(PLEASE SEE SECTIONS II AND III ON BACK OF PAGE.)**

**SECTION II: VERIFICATION OF STUDENT ELIGIBILITY FOR PAYMENT**

Please provide the following information for each student record being returned for payment.

Social Security Number	Complete Name of Student	Check semester for requesting payment	
1. _____	_____	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>
2. _____	_____	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>
3. _____	_____	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>
4. _____	_____	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>
5. _____	_____	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>
6. _____	_____	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>
7. _____	_____	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>
8. _____	_____	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>
9. _____	_____	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>
10. _____	_____	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>

Total number of student records eligible for payment transmitted on this form:

**SECTION III: SCHOOL CERTIFICATION**

Enter the authorized signature of the school student financial aid administrator certifying student eligibility on this form.

*"I certify that the information provided on this verification form is complete and correct to the best of my knowledge."* Your signature certifies that the students who are listed on this form are accepted for enrollment or intend to enroll full-time, are in good standing as full-time students, are making satisfactory academic progress at your school, and have been verified for renewal Bright Flight eligibility in Section I and/or are eligible for Bright Flight scholarship payments for the semester indicated in Section II on this form.

Name of school: \_\_\_\_\_ MOSTARS school code: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Financial Aid Administrator

\_\_\_\_\_  
Date completed

Please return completed form to:

Rhonda Elliott  
Bright Flight Scholarship Program  
3515 Amazonas Drive  
Jefferson City, MO 65109